

215040466  
62635

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	<b>Total Number of Vehicles</b>	Local No./ District 598	Agency Case No. B5-092176	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1 10	<b>DATE OF ACCIDENT</b>	M M / D D / Y Y Y Y 10/03/2015	S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	(In Military Time) TIME OF ACCIDENT 2006	STATE USE ONLY  Amended  10/04/2015	
A/2	<b>PLACE OF ACCIDENT</b>	COUNTY Lancaster	POLICE NOTIFIED 2007			
B	CITY Lincoln	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C	<b>ROAD ON WHICH ACCIDENT OCCURRED</b>	STREET/ HIGHWAY NO. S. 27th St		LATITUDE		
4	<b>DISTANCE FROM MILEPOST</b>	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	<b>IF AT INTERSECTION</b>			<b>IF NOT AT INTERSECTION</b>		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M 01	30.00 X A street					
V2/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
1	1					
<b>VEHICLE NO. 1</b>						
F 9	<b>DRIVER LICENSE NO.</b>	H13448467		<b>STATE (Of License)</b>	NE	<b>SEX</b> <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N 1	<b>DRIVER</b>	Katelyn M Williams		<b>PHONE</b>	4022897626	
V2/N 1	<b>DRIVER ADDRESS</b>	1055 N. 16th #S223, Lincoln, NE 68505		<b>DATE OF BIRTH (MM / DD / YYYY)</b>	12/16/1994	
G 4	<b>OWNER</b>	DAVID WILLIAMS		<b>PHONE</b>		
H 2	<b>LICENSE PLATE PA NO.</b>	TCI879		<b>YEAR (Plate Expires)</b>	2016	<b>STATE (Of Plate)</b> NE
V1/O 2	<b>VEHICLE</b>	2001	Honda	MODEL	SIX	<b>BODY STYLE</b> 2 door Sedan
V2/O 5	<b>VEHICLE ID NO. (VIN)</b>	1HGEM21901L087824		<b>COLOR</b>	red	
I 1	<b>VEHICLE</b>	2001		<b>MAKE</b>	Honda	
V1/P 1	<b>VEHICLE</b>	2001		<b>MODEL</b>	SIX	
V2/P 8	<b>VEHICLE</b>	2001		<b>BODY STYLE</b>	2 door Sedan	
J 01	<b>VEHICLE</b>	2001		<b>COLOR</b>	red	
V1/Q 4	<b>VEHICLE</b>	2001		<b>ESTIMATED DAMAGE</b>	<input type="checkbox"/> TOTALED \$ 800	
V2/Q 4	<b>VEHICLE</b>	2001		<b>INSURANCE COMPANY</b>	liberty mutual	
K 01	<b>VEHICLE</b>	2001		<b>POLICY NO.</b>	AOS-248-020553-7057	
<b>VEHICLE NO. 2</b>						
1	<b>DRIVER LICENSE NO.</b>			<b>STATE (Of License)</b>		<b>SEX</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P 1	<b>DRIVER</b>			<b>PHONE</b>		
V2/P 8	<b>DRIVER ADDRESS</b>			<b>DATE OF BIRTH (MM / DD / YYYY)</b>		
J 01	<b>OWNER</b>			<b>PHONE</b>		
V1/Q 4	<b>OWNER ADDRESS</b>			<b>CITATION</b>	<input checked="" type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	
V2/Q 4	<b>LICENSE PLATE NO.</b>			<b>YEAR (Plate Expires)</b>		<b>STATE (Of Plate)</b>
K 01	<b>VEHICLE</b>			<b>ESTIMATED DAMAGE</b>	<input type="checkbox"/> TOTALED \$	
V1/Q 4	<b>VEHICLE</b>			<b>INSURANCE COMPANY</b>		
V2/Q 4	<b>VEHICLE</b>			<b>POLICY NO.</b>		
K 01	<b>VEHICLE</b>			<b>POLICY NO.</b>		

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-092176



Indicate North by Arrow



APOI - Exact Unknown Hit and Run Vehicles not at Scene

Approx.

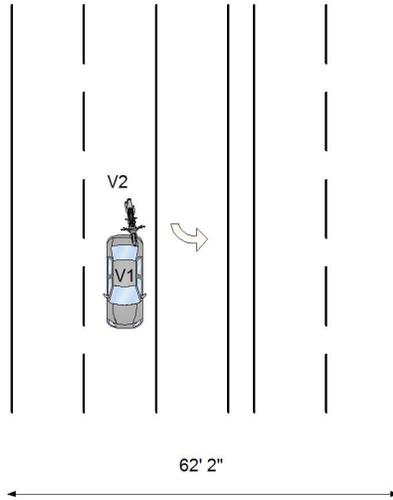
46' North of North Curb A st  
19' East of West Curb S. 27th st

Based on suspected debris

To A St.

Diagram Not To Scale

Above Ground Damage Veh. #1: Approx. 13" to 35"



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of Veh. #1 indicates she was s/b on S. 27th in the inside lane, stopped approx. 30' North of A st intersection for a red light. Driver #1 indicates the light turned green and she began to proceed s/b at less than 10mph when her vehicle was hit from the rear by Veh. #2. Driver #1 indicates that she spoke with Driver #2 who asked her not to call the police as his license was revoked and he had no insurance. Driver #1 indicates that Driver #2 then left the scene. Witness/passenger in veh. #1, supports Driver #1's account of events. Driver #2 was described as a shorter White male, approx. mid 20 years old, 150lbs with blonde curly hair. Witness/passenger in veh. #1 indicates veh. #2 was a black 2010 Yamaha R6 with a rear white decal that read, 'no fat chicks'. Driver #2's helmet was described as black with lots of decals. Additional work will be done in an attempt to identify Driver #2. The plate #THA863 provided by the witness/passenger of ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Connor Jucht 1825 N. 26th, Lincoln, NE 68503	ADDRESS	PHONE 6055532085		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS											
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2		VEH 1		VEH 2				
1		X			S. 27th								4		2		-		-		-		-		-		
2		X			S. 27th				06		01		4		2		-		Y		Y		Y		-		
1	01	06 Turning left			06				06		01		1		2		-		N		X		N		N		
2	01	08 Entering traffic lane			06				06		01		1		2		-		N		X		N		N		
01 Essentially straight ahead				09 Leaving traffic lane				00 None				01				1				1							
02 Backing				10 Parked				09 Top & windows				02				2				2							
03 Changing lanes				11 Slowing or stopped in traffic				10 Undercarriage				03				3				3							
04 Overtaking/Passing				12 Other				11 Total (all areas)				04				4				4							
05 Turning right				13 Unknown				12 Other				05				5				5							
06				07				06				08				9				-							
07				08				07				06				5				9				-			
08				09				08				07				6				-				-			
09				10				09				08				7				-				-			
10				11				10				09				8				-				-			
11				12				11				10				9				-				-			
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126				127				126				125				124				-				-			
127				1																							

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State of Nebraska  
Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./ District **598** Agency Case No. **B5-092176** STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY) **10/03/2015** PLACE OF ACCIDENT COUNTY **Lancaster** Amended  
CITY **Lincoln**

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. **S. 27th St**

veh. #1; however, subsequent work revealed it to a lost or stolen plate being ficticiously displayed the suspect veh. #2 which witness/passenger veh. #1 described as above listed, and stated the driver #2 told him was a 2010 year model.

OFFICER NO. **1403** TROOP/TEAM/BEAT **SW** DEPARTMENT **Lincoln Police Department**

INVESTIGATOR NAME (Print or Type) **Travis Amen** INVESTIGATOR SIGNATURE **Approved by Officer Travis Amen** DATE OF ACCIDENT **10/04/2015**